## CERTIFICATE OF SERVICE

I, Gini L. Downing	(name), certify that service of this summons and a copy of
the complaint was made February 4, 2022	(date) by:

Mail service: Regular, first class United States mail, postage fully pre-paid, addressed to:

Taro Pharmaceuticals U.S.A. Inc.

Attn: Uday Baldota, CEO

3 Skyline Drive

Hawthorne, NY 10532

Brian Jackiw Thomas R. Fawkes Tucker Ellis LLP 233 South Wacker Drive, Suite 6950 Chicago, IL 60606

Taro Pharmaceuticals USA Inc. Attn: Daphne Huang, CFO 1 Commerce Drive Cranburry, NJ 08512

Taro Pharmaceuticals USA Inc. 3 Skyline Drive Hawthorne, NY 10532

Certified Mail Service: By sending the process by certified mail addressed to the following entities/officers/registered agents of the defendant at:

Taro Pharmaceuticals USA, Inc.

Three Skyline Drive Hawthorne, NY 10532

Taro Pharmaceuticals U.S.A. Inc. Attn: Daphne Huang, CFO 1 Commerce Drive Cranburry, NJ 08512

Corporation Service Company, R/A for Taro Pharmaceuticals USA, Inc. 80 State Street Albany, NY 12207-2543

I further certify that I am, and at all times during the service of process was, not less than 18 years of age and not a party to the matter concerning which service of process was made.

Under penalty of perjury, I declare that the foregoing is true and correct.

Date February 4, 2022 Signature /s/ Gini L. Downing

Print Name: Gini L. Downing

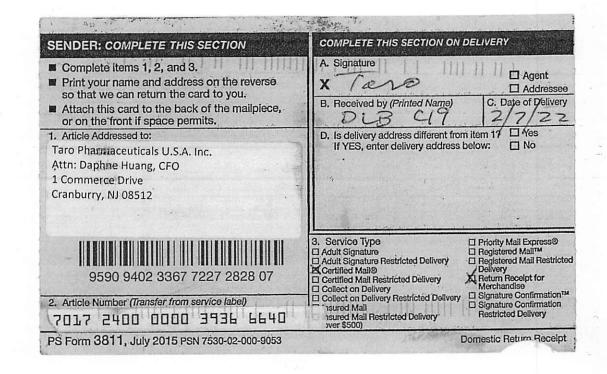
Pachulski Stang Ziehl & Jones LLP

10100 Santa Monica Blvd.

13th Floor

Business Address: Los Angeles, CA 90067

## COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature Complete items 1, 2, and 3. ☐ Agent Print your name and address on the reverse ☐ Addressee so that we can return the card to you. C. Date of Delivery B. Received by (Printed Name) Attach this card to the back of the malipiece, or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: □ No Taro Pharmaceuticals USA, Inc. Three Skyline Drive Hawthorne, NY 10532 ☐ Priority Mail Express® ☐ Registered Mail™ ☐ Registered Mail Restricted Delivery Return Receipt for Merchandise Service Type Adult Signature ☐ Adult Signature Restricted Delivery E Certified Mail® 9590 9402 3367 7227 2827 84 ☐ Certified Mail Restricted Delivery ☐ Collect on Delivery ☐ Collect on Delivery Restricted Delivery ☐ Signature Confirmation™ 2. Article Number (Transfer from service label) Signature Confirmation Restricted Delivery sured Mail sured Mail Restricted Delivery rer \$500) 7017 2400 0000 3936 6626 Domestic Return Receipt PS Form 3811, July 2015 PSN 7530-02-000-9053



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature	dressee
1. Article Addressed to: Corporation Service Company, R/A for Taro Pharmaceuticals USA, Inc. 80 State Street Albany, NY 12207-2543	D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
9590 9402 3367 7227 2828 14  2. Article Number (Transfer from service label) 7017 2400 0000 3936 6657	3. Service Type  Adult Signature  Adult Signature Restricted Delivery  Certified Mail®  Certified Mail®  Certified Mail Restricted Delivery  Collect on Delivery Restricted Delivery  'nsured Mail  Isured Mail  Isured Mail  Isured Mail  Isured Mail  Restricted Delivery  Return Receipt for Merchandise  Signature Confirm  Signature Confirm  Restricted Delivery  Restricted Delivery	estricted r nation™ nation
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